MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

NORTH CAROLINA

Part 1

Ahoskie-Kinston

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

North Carolina Department of Human Resources
Division of Facility Services
701 Barbour Drive • Raleigh, N. C. 27603-2008

James G. Martin, Governor
David T. Flaherty, Secretary

I. O. Wilkerson, Jr., Director
Telephone

NORTH CAROLINA
State Licensure, Enforcement and Consumer Services

Overview of Nursing Home Licensure Program: Nursing home beds in North Carolina are controlled by certificate of need as well as by licensure laws. There are some 277 facilities in the state and 15-20 more are in various stages of construction. The licensure program is administered by the Licensure Section, Division of Facility Services, Department of Human Resources. The Secretary of the Department of Human Resources is a cabinet-level officer appointed by the Governor with statutory authority to license, monitor, regulate and sanction health care facilities as necessary.

The primary purpose of the nursing home licensure program is to protect the health, safety and welfare of the patients in the licensed facilities. The program is conducted from offices in Raleigh, the State Capitol, and is administered through teams of consultants constantly visiting and inspecting the nursing homes on an unannounced basis. Permanent records are maintained on all facilities and are available for public review upon request.

Overview of Enforcement System: Each nursing home in the State is inspected annually to determine compliance with laws, rules and regulations. Those that do not meet standards receive more frequent inspections by consultants assigned to the Licensure Section. Standards deficiencies identified during inspections that relate directly to the health, safety or welfare of patients are dealt with as patients' rights violations. Such violations may result in various sanctions being assessed against facilities such as monetary fines, suspension of admissions, issuance or provisional licenses and, in the more serious cases, revocation of a facilities license to operate. The State regulatory agency works closely with facility operators in an effort to insure the highest quality of care for all patients. A complaints investigation unit, staffed by registered nurses, is a part of the oversight program operated by the State to deal with reported cases of standards deficiencies and inadequate patient care. Every complaint received is investigated and substantiated deficiencies are dealt with swiftly and with the specific purpose of effecting immediate correction of any problems identified.

If you have questions about adverse actions the State Agencies have taken on compliance issues call Jackie Norris at (919) 733-2786 for additional information.

Resources Available to Consumers:

Survey & Licensure Agency:
Licensure Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603
Telephone: 919/733-2786

State Health Department:
Division of Health Services
Cooper Memorial Building
225 N. McDowell Street
Raleigh, North Carolina 27602
Telephone: 919/733-3446

Ombudsman Program:
State Ombudsman
Division of Aging
1985 Umstead Drive
Raleigh, North Carolina 27603
Telephone: 919/733-3983

Complaint Unit/"Hotline":
Licensure Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603
Telephone: 1-800/662-7030

Medicaid Fraud and Abuse Unit:
Division of Medical Assistance
1985 Umstead Drive
Raleigh, North Carolina 27603
Telephone: 919/733-2060

Source for Nursing Home Survey Results:
Licensure Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603
Telephone: 919/733-2786

State Office on Aging:
Division of Aging
1985 Umstead Drive
Raleigh, North Carolina 27603
Telephone: 919/733-3983

Other Related Programs:
Peer Review Program
Health Care Facilities Assoc.
5109 Bur Oak Circle
Raleigh, North Carolina 27612
Telephone: 919/782-3827

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See Urinary Catheter.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE
GUARDIAN CARE OF AHOSKIE

Street Address: 604 STOKES ST EAST		**City and State:** AHOSKIE, NC 27910	
Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	95.8	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	114	95.8	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	76	63.9	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.2	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	63.9	66.8	59.1
Residents on individually written bowel and bladder retraining program.	2	1.7	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	27.7	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	49	41.2	50.7	40.9
Residents requiring restraints.	56	47.1	39.4	30.9
Confused or disoriented residents.	70	58.8	57.5	55.4
Residents with bed sores.	1	0.8	5.3	4.8
Residents receiving special skin care.	115	96.6	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRITTHAVEN OF PIEDMONT

Street Address: 33426 OLD SALISBURY RD BOX 1250		**City and State:** ALBEMARLE, NC 28002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	6	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	87.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	110	91.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	102	85.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	90.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	58.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	59	49.2	48.5	39.1
Completely bedfast residents.	1	0.8	3.6	3.2
Residents confined to chairs.	88	73.3	66.9	52.3
Residents requiring restraints.	78	65.0	49.9	40.4
Confused or disoriented residents.	52	43.3	64.8	58.6
Residents with bed sores.	15	12.5	9.1	7.6
Residents receiving special skin care.	32	26.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F130 F132* F134 F170 F180 F206
F288 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN NURSING HOMES ALBEMARLE

Street Address: RT 1 BOX 204		**City and State:** ALBEMARLE, NC 28001	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 3	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	93.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	71	95.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	61	82.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	85.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	85.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	45.9	48.5	39.1
Completely bedfast residents.	6	8.1	3.6	3.2
Residents confined to chairs.	54	73.0	66.9	52.3
Residents requiring restraints.	53	71.6	49.9	40.4
Confused or disoriented residents.	57	77.0	64.8	58.6
Residents with bed sores.	8	10.8	9.1	7.6
Residents receiving special skin care.	74	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	13.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ALBEMARLE, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F128* F129* F130 F132* F134 F135
F180 F199 F222 F223 F224 F298 F321 F332*
F339 F340* F341 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STANLY MANOR

Street Address: 625 BETHANY CHURCH RD BOX 38		**City and State:** ALBEMARLE, NC 28002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	1	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	83.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	52	88.1	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	49	83.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	50.8	48.5	39.1
Completely bedfast residents.	1	1.7	3.6	3.2
Residents confined to chairs.	37	62.7	66.9	52.3
Residents requiring restraints.	28	47.5	49.9	40.4
Confused or disoriented residents.	57	96.6	64.8	58.6
Residents with bed sores.	3	5.1	9.1	7.6
Residents receiving special skin care.	14	23.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ALBEMARLE, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F180 F199 F224 F262 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER OF ASHEBORO

Street Address: 230 E PRESNELL ST BOX 1928		**City and State:** ASHEBORO, NC 27203	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 238	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
237	30	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	205	86.5	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	215	90.7	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	188	79.3	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	86.1	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	184	77.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	1.3	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	108	45.6	48.5	39.1
Completely bedfast residents.	11	4.6	3.6	3.2
Residents confined to chairs.	157	66.2	66.9	52.3
Residents requiring restraints.	119	50.2	49.9	40.4
Confused or disoriented residents.	143	60.3	64.8	58.6
Residents with bed sores.	37	15.6	9.1	7.6
Residents receiving special skin care.	107	45.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F132* F224 F259 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLAPPS CONVALESCENT NH

Street Address: RT 10 BOX 357		**City and State:** ASHEBORO, NC 27203	
Participation: MEDICARE SNF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	100	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	24	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	24	100	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	95.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	45.8	48.5	39.1
Completely bedfast residents.	1	4.2	3.6	3.2
Residents confined to chairs.	18	75.0	66.9	52.3
Residents requiring restraints.	10	41.7	49.9	40.4
Confused or disoriented residents.	22	91.7	64.8	58.6
Residents with bed sores.	2	8.3	9.1	7.6
Residents receiving special skin care.	2	8.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F133* F134 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWBROOK MANOR OF ASHEBORO

Street Address: 400 U.S. 220 BYPASS CONNECTOR		**City and State:** ASHEBORO, NC 27203	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	7	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	85.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	65	84.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	54	70.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	81.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	68.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	36.4	48.5	39.1
Completely bedfast residents.	7	9.1	3.6	3.2
Residents confined to chairs.	36	46.8	66.9	52.3
Residents requiring restraints.	30	39.0	49.9	40.4
Confused or disoriented residents.	47	61.0	64.8	58.6
Residents with bed sores.	7	9.1	9.1	7.6
Residents receiving special skin care.	21	27.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ASHEBORO, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F133* F134 F176 F182 F227 F262
F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ASTON PARK HEALTH CARE CENTER INC

Street Address: 380 BREVARD RD	**City and State:** ASHEVILLE, NC 28806

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	14	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	88.8	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	87.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	104	89.7	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	85.3	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	80.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	48.3	48.5	39.1
Completely bedfast residents.	12	10.3	3.6	3.2
Residents confined to chairs.	65	56.0	66.9	52.3
Residents requiring restraints.	40	34.5	49.9	40.4
Confused or disoriented residents.	68	58.6	64.8	58.6
Residents with bed sores.	9	7.8	9.1	7.6
Residents receiving special skin care.	58	50.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BILTMORE MANOR

Street Address: 14 ALL SOULS CRESCENT	**City and State:** ASHEVILLE, NC 28803

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	78.9	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	71	93.4	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	92.1	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	96.1	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	92.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	50.0	48.5	39.1
Completely bedfast residents.	3	3.9	3.6	3.2
Residents confined to chairs.	63	82.9	66.9	52.3
Residents requiring restraints.	41	53.9	49.9	40.4
Confused or disoriented residents.	50	65.8	64.8	58.6
Residents with bed sores.	5	6.6	9.1	7.6
Residents receiving special skin care.	76	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F140 F189 F190 F191* F206 F331 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BILTMORE MANOR RETIREMENT CENTER

Street Address: 141 HILLSIDE ST		**City and State:** ASHEVILLE, NC 28801	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	94.4	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	17	94.4	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	15	83.3	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	83.3	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	83.3	66.8	59.1
Residents on individually written bowel and bladder retraining program.	1	5.6	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	27.8	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	13	72.2	50.7	40.9
Residents requiring restraints.	9	50.0	39.4	30.9
Confused or disoriented residents.	15	83.3	57.5	55.4
Residents with bed sores.	3	16.7	5.3	4.8
Residents receiving special skin care.	9	50.0	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F288 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRENTWOOD HILLS NURSING CENTER

Street Address: 500 BEAVERDAM RD BOX 8365	**City and State:** ASHEVILLE, NC 28805

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 10	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	95.9	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	71	95.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	71	95.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	95.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	93.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	2.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	59.5	48.5	39.1
Completely bedfast residents.	2	2.7	3.6	3.2
Residents confined to chairs.	50	67.6	66.9	52.3
Residents requiring restraints.	28	37.8	49.9	40.4
Confused or disoriented residents.	68	91.9	64.8	58.6
Residents with bed sores.	7	9.5	9.1	7.6
Residents receiving special skin care.	50	67.6	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F124 F128* F130 F133* F134 F169 F171
F173* F176 F181* F182 F207 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER HLTH & RETIRE/ASHEVILLE

Street Address: 67 MOUNTAINBROOK ROAD		**City and State:** ASHEVILLE, NC 28805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	1	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	84.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	52	88.1	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	52	88.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	3.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	33	55.9	66.9	52.3
Residents requiring restraints.	30	50.8	49.9	40.4
Confused or disoriented residents.	45	76.3	64.8	58.6
Residents with bed sores.	8	13.6	9.1	7.6
Residents receiving special skin care.	52	88.1	39.3	31.4

ASHEVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ASHEVILLE, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F261 F264 F288 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENTREE RIDGE

Street Address: 70 SWEETEN CREEK ROAD		**City and State:** ASHEVILLE, NC 28803	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	67.4	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	41	89.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	36	78.3	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	73.9	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	76.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	26.1	48.5	39.1
Completely bedfast residents.	2	4.3	3.6	3.2
Residents confined to chairs.	17	37.0	66.9	52.3
Residents requiring restraints.	17	37.0	49.9	40.4
Confused or disoriented residents.	32	69.6	64.8	58.6
Residents with bed sores.	3	6.5	9.1	7.6
Residents receiving special skin care.	13	28.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F206 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN REHAB & CONVALESCENT CTR

Street Address: 91 VICTORIA RD		**City and State:** ASHEVILLE, NC 28801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	21	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	60.0	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	98	89.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	85.5	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	80.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	74.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	40.9	48.5	39.1
Completely bedfast residents.	1	0.9	3.6	3.2
Residents confined to chairs.	96	87.3	66.9	52.3
Residents requiring restraints.	84	76.4	49.9	40.4
Confused or disoriented residents.	75	68.2	64.8	58.6
Residents with bed sores.	11	10.0	9.1	7.6
Residents receiving special skin care.	37	33.6	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098
F099
F101
F102
F123*
F124
F125*
F126
F127*
F128*
F129*
F130
F131*
F132*
F134
F139
F141
F176
F180
F191*
F206
F219
F261
F332*
F338
F339
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPH'S HOSP RESTORATIVE CARE UNIT

Street Address: 428 BILTMORE AVE		**City and State:** ASHEVILLE, NC 28801	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	18	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	71.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	20	95.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	19	90.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	90.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	28.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	19.0	48.5	39.1
Completely bedfast residents.	1	4.8	3.6	3.2
Residents confined to chairs.	4	19.0	66.9	52.3
Residents requiring restraints.	5	23.8	49.9	40.4
Confused or disoriented residents.	6	28.6	64.8	58.6
Residents with bed sores.	0	0.0	9.1	7.6
Residents receiving special skin care.	2	9.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ASHEVILLE, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F170 F177 F182 F189 F191* F224 F262
F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VICTORIA HEALTH CARE CENTER

Street Address: 455 VICTORIA ROAD		**City and State:** ASHEVILLE, NC 28801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	10	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	95.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	114	95.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	114	95.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	95.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	81	68.1	48.5	39.1
Completely bedfast residents.	9	7.6	3.6	3.2
Residents confined to chairs.	102	85.7	66.9	52.3
Residents requiring restraints.	64	53.8	49.9	40.4
Confused or disoriented residents.	105	88.2	64.8	58.6
Residents with bed sores.	11	9.2	9.1	7.6
Residents receiving special skin care.	119	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F189 F191* F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE MANOR OF BANNER ELK

Street Address: NORWOOD HOLLOW RD BOX 187		**City and State:** BANNER ELK, NC 28604	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	16	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	83.8	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	98.0	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	78.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	52.5	48.5	39.1
Completely bedfast residents.	5	5.1	3.6	3.2
Residents confined to chairs.	54	54.5	66.9	52.3
Residents requiring restraints.	63	63.6	49.9	40.4
Confused or disoriented residents.	54	54.5	64.8	58.6
Residents with bed sores.	27	27.3	9.1	7.6
Residents receiving special skin care.	52	52.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F124 F125* F126 F127* F128* F129* F130
F132* F133* F137 F139 F170 F264 F322* F341
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SENTARA NURSING CENTER CURRITUCK CO

Street Address:
ROUTE 168 BOX 226

City and State:
BARCO, NC 27917

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
75

Type of Ownership:
PROPRIETARY

Survey Date:
06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
61

Medicare Residents:
0

Medicaid Residents:
47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	73.8	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	47	77.0	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	39	63.9	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	67.2	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	70.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	6.6	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	31.1	48.5	39.1
Completely bedfast residents.	1	1.6	3.6	3.2
Residents confined to chairs.	30	49.2	66.9	52.3
Residents requiring restraints.	21	34.4	49.9	40.4
Confused or disoriented residents.	24	39.3	64.8	58.6
Residents with bed sores.	2	3.3	9.1	7.6
Residents receiving special skin care.	3	4.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

BARCO, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F126 F130 F193 F194 F196* F199 F204
F205 F206 F224 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN CARE OF BISCOE

Street Address: 401 LAMBERT RD P O BOX 708		**City and State:** BISCOE, NC 27209	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	96.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	49	87.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	46	82.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	82.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	100	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	57.1	48.5	39.1
Completely bedfast residents.	2	3.6	3.6	3.2
Residents confined to chairs.	48	85.7	66.9	52.3
Residents requiring restraints.	33	58.9	49.9	40.4
Confused or disoriented residents.	51	91.1	64.8	58.6
Residents with bed sores.	11	19.6	9.1	7.6
Residents receiving special skin care.	15	26.8	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F105 F124 F126 F128* F129* F130
F132* F133* F134 F135 F136 F167* F169 F170
F173* F176 F182 F191* F199 F258 F259 F260
F261 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HIGHLAND FARMS INC

Street Address:
200 TABERNACLE RD

City and State:
BLACK MOUNTAIN, NC 28711

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
60

Type of Ownership:
PROPRIETARY

Survey Date:
06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
60

Medicare Residents:
7

Medicaid Residents:
7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	100	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	56	93.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	52	86.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	5.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	58.3	48.5	39.1
Completely bedfast residents.	1	1.7	3.6	3.2
Residents confined to chairs.	55	91.7	66.9	52.3
Residents requiring restraints.	23	38.3	49.9	40.4
Confused or disoriented residents.	54	90.0	64.8	58.6
Residents with bed sores.	8	13.3	9.1	7.6
Residents receiving special skin care.	60	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F127* F130 F134 F170 F173* F176 F180
F218* F288 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLOWING ROCK HOSP- SNF & ICF

Street Address: CHESTNUT DR BOX 148		**City and State:** BLOWING ROCK, NC 28605	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	8	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	93.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	68	95.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	66	93.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	91.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	93.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	2.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	54.9	48.5	39.1
Completely bedfast residents.	4	5.6	3.6	3.2
Residents confined to chairs.	57	80.3	66.9	52.3
Residents requiring restraints.	39	54.9	49.9	40.4
Confused or disoriented residents.	53	74.6	64.8	58.6
Residents with bed sores.	5	7.0	9.1	7.6
Residents receiving special skin care.	71	100	39.3	31.4

BLOWING ROCK, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F264 F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WATAUGA NURSING CARE CENTER

Street Address: 538A ELIZABETH DR BOX 2150		**City and State:** BOONE, NC 28607	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	83.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	89	87.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	89	87.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	86.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	76.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	64	62.7	48.5	39.1
Completely bedfast residents.	2	2.0	3.6	3.2
Residents confined to chairs.	83	81.4	66.9	52.3
Residents requiring restraints.	69	67.6	49.9	40.4
Confused or disoriented residents.	73	71.6	64.8	58.6
Residents with bed sores.	6	5.9	9.1	7.6
Residents receiving special skin care.	67	65.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F322*   F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROXBORO NURSING CENTER

Street Address: 901 RIDGE RD		**City and State:** BOXBORO, NC 27573	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	88.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	12	10.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	92	82.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	70.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	73.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	1.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.9	48.5	39.1
Completely bedfast residents.	2	1.8	3.6	3.2
Residents confined to chairs.	64	57.7	66.9	52.3
Residents requiring restraints.	59	53.2	49.9	40.4
Confused or disoriented residents.	108	97.3	64.8	58.6
Residents with bed sores.	4	3.6	9.1	7.6
Residents receiving special skin care.	34	30.6	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F132* F257

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CTR HLTH & RETIREMENT BREVARD

Street Address:
531 COUNTRY CLUB RD

City and State:
BREVARD, NC 28712

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
147

Type of Ownership:
PROPRIETARY

Survey Date:
02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
102

Medicare Residents:
2

Medicaid Residents:
85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	92.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	90	88.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	82	80.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	80.4	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	76.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	2.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	46	45.1	48.5	39.1
Completely bedfast residents.	3	2.9	3.6	3.2
Residents confined to chairs.	86	84.3	66.9	52.3
Residents requiring restraints.	67	65.7	49.9	40.4
Confused or disoriented residents.	68	66.7	64.8	58.6
Residents with bed sores.	6	5.9	9.1	7.6
Residents receiving special skin care.	24	23.5	39.3	31.4

BREVARD, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOUNTAIN VIEW MANOR NURSING CENTER

Street Address: BUCKNER BRANCH RD DRAWER Y		**City and State:** BRYSON CITY, NC 28713	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	100	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	108	90.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	112	94.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	97.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	81.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	64	53.8	48.5	39.1
Completely bedfast residents.	3	2.5	3.6	3.2
Residents confined to chairs.	107	89.9	66.9	52.3
Residents requiring restraints.	77	64.7	49.9	40.4
Confused or disoriented residents.	73	61.3	64.8	58.6
Residents with bed sores.	8	6.7	9.1	7.6
Residents receiving special skin care.	15	12.6	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F129* F140

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF BURGAW

Street Address:
HIGHWAY 117 A SOUTH BOX 874

City and State:
BURGAW, NC 28425

Participation:
MEDICAID ICF

# of Beds:
72

Type of Ownership:
PROPRIETARY

Survey Date:
10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
72

Medicare Residents:
0

Medicaid Residents:
68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	87.5	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	63	87.5	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	52	72.2	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	76.4	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	75.0	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	80.6	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	52	72.2	50.7	40.9
Residents requiring restraints.	27	37.5	39.4	30.9
Confused or disoriented residents.	39	54.2	57.5	55.4
Residents with bed sores.	1	1.4	5.3	4.8
Residents receiving special skin care.	48	66.7	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUNTINGTON HEALTH CARE

Street Address: 311 S CAMPBELL ST		**City and State:** BURGAW, NC 28425	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	4	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	82.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	47	90.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	44	84.6	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	86.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	67.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.0	48.5	39.1
Completely bedfast residents.	1	1.9	3.6	3.2
Residents confined to chairs.	20	38.5	66.9	52.3
Residents requiring restraints.	33	63.5	49.9	40.4
Confused or disoriented residents.	9	17.3	64.8	58.6
Residents with bed sores.	5	9.6	9.1	7.6
Residents receiving special skin care.	17	32.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

BURGAW, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F099 F100 F124 F125* F126 F129* F130
F131* F132* F170 F181* F190 F191* F206 F218*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PENDER MEMORIAL HOSP SNF

Street Address: 507 FREEMONT ST		**City and State:** BURGAW, NC 28425	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 5	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	95.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	21	95.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	22	100	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	100	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	22	100	66.9	52.3
Residents requiring restraints.	20	90.9	49.9	40.4
Confused or disoriented residents.	12	54.5	64.8	58.6
Residents with bed sores.	10	45.5	9.1	7.6
Residents receiving special skin care.	22	100	39.3	31.4

BURGAW, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALAMANCE MEMORIAL HOSP INC

Street Address: 730 HERMITAGE RD		**City and State:** BURLINGTON, NC 27215	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	8	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	96.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	80	98.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	78	96.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	93.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	92.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	80.2	48.5	39.1
Completely bedfast residents.	17	21.0	3.6	3.2
Residents confined to chairs.	61	75.3	66.9	52.3
Residents requiring restraints.	31	38.3	49.9	40.4
Confused or disoriented residents.	62	76.5	64.8	58.6
Residents with bed sores.	15	18.5	9.1	7.6
Residents receiving special skin care.	35	43.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F119 F126 F134 F191* F227 F321 F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTRAL PIEDMONT NURSING CENTER

Street Address: 323 BALDWIN ROAD PO BOX 3427		**City and State:** BURLINGTON, NC 27217	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	84.1	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	90	84.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	73.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	72.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	75.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	42.1	48.5	39.1
Completely bedfast residents.	8	7.5	3.6	3.2
Residents confined to chairs.	54	50.5	66.9	52.3
Residents requiring restraints.	41	38.3	49.9	40.4
Confused or disoriented residents.	45	42.1	64.8	58.6
Residents with bed sores.	2	1.9	9.1	7.6
Residents receiving special skin care.	3	2.8	39.3	31.4

BURLINGTON, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
TWIN LAKES CENTER

Street Address: 100 WADE COBLE DRIVE		**City and State:** BURLINGTON, NC 27215	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	7	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	95.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	68	97.1	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	68	97.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	74.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	75.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	45.7	48.5	39.1
Completely bedfast residents.	2	2.9	3.6	3.2
Residents confined to chairs.	23	32.9	66.9	52.3
Residents requiring restraints.	22	31.4	49.9	40.4
Confused or disoriented residents.	53	75.7	64.8	58.6
Residents with bed sores.	8	11.4	9.1	7.6
Residents receiving special skin care.	15	21.4	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F129* F132* F133* F134 F135 F176
F191* F295 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
YANCEY NURSING CARE

Street Address: 310 PENSACOLA ROAD

City and State: BURNSVILLE, NC 28714

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 120

Type of Ownership: PROPRIETARY

Survey Date: 11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45

Medicare Residents: 0

Medicaid Residents: 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	84.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	44	97.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	41	91.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	86.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	4.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	57.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	28	62.2	66.9	52.3
Residents requiring restraints.	35	77.8	49.9	40.4
Confused or disoriented residents.	43	95.6	64.8	58.6
Residents with bed sores.	3	6.7	9.1	7.6
Residents receiving special skin care.	5	11.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.[illegible]

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F139 F236 F264 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JOHN UMSTEAD HOSPITAL ICF

Street Address: 12TH ST		**City and State:** BUTNER, NC 27509	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	93.5	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	29	93.5	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	14	45.2	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	22.6	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	1	3.2	50.7	40.9
Residents requiring restraints.	4	12.9	39.4	30.9
Confused or disoriented residents.	31	100	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	9	29.0	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. it is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PISGAH MANOR INC

Street Address: HOLCOMBE COVE RD BOX 215		**City and State:** CANDLER, NC 28715	
Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	86.2	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	108	93.1	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	87	75.0	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	74.1	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	69.8	66.8	59.1
Residents on individually written bowel and bladder retraining program.	2	1.7	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	44.0	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	38	32.8	50.7	40.9
Residents requiring restraints.	60	51.7	39.4	30.9
Confused or disoriented residents.	83	71.6	57.5	55.4
Residents with bed sores.	3	2.6	5.3	4.8
Residents receiving special skin care.	5	4.3	28.8	23.5

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F169 F173* F191* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTON HEALTH CARE CENTER

Street Address: 27 N MAIN ST		**City and State:** CANTON, NC 28716	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	17	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	92.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	108	97.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	96	86.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	98.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	91.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	46.8	48.5	39.1
Completely bedfast residents.	3	2.7	3.6	3.2
Residents confined to chairs.	104	93.7	66.9	52.3
Residents requiring restraints.	58	52.3	49.9	40.4
Confused or disoriented residents.	88	79.3	64.8	58.6
Residents with bed sores.	15	13.5	9.1	7.6
Residents receiving special skin care.	111	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F126 F128* F139 F294 F298 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SILVER BLUFF INC

Street Address:
RT 5 BOX 102

City and State:
CANTON, NC 28716

Participation:
MEDICAID ICF

# of Beds:
35

Type of Ownership:
PROPRIETARY

Survey Date:
05/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
34

Medicare Residents:
0

Medicaid Residents:
28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	34	100	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	34	100	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	100	66.8	59.1
Residents on individually written bowel and bladder retraining program.	4	11.8	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	29.4	36.5	30.4
Completely bedfast residents.	1	2.9	1.2	2.8
Residents confined to chairs.	22	64.7	50.7	40.9
Residents requiring restraints.	20	58.8	39.4	30.9
Confused or disoriented residents.	25	73.5	57.5	55.4
Residents with bed sores.	3	8.8	5.3	4.8
Residents receiving special skin care.	32	94.1	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F170 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF CHAPEL HILL

Street Address: 1716 LEGION RD		**City and State:** CHAPEL HILL, NC 27514	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	55	100	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	44	80.0	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	80.0	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	83.6	66.8	59.1
Residents on individually written bowel and bladder retraining program.	3	5.5	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.8	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	36	65.5	50.7	40.9
Residents requiring restraints.	15	27.3	39.4	30.9
Confused or disoriented residents.	23	41.8	57.5	55.4
Residents with bed sores.	10	18.2	5.3	4.8
Residents receiving special skin care.	10	18.2	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

CHAPEL HILL, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F125* F126 F127* F128* F130 F135
F173* F190 F191* F194 F196* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAROL WOODS

Street Address: 750 WEAVER DAIRY RD	**City and State:** CHAPEL HILL, NC 27514

Participation: MEDICARE SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	95.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	22	91.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	18	75.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	79.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	66.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	45.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	15	62.5	66.9	52.3
Residents requiring restraints.	5	20.8	49.9	40.4
Confused or disoriented residents.	14	58.3	64.8	58.6
Residents with bed sores.	2	8.3	9.1	7.6
Residents receiving special skin care.	14	58.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F135 F248 F250 F257 F258 F262
F263 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CENTER

Street Address: 1602 E FRANKLIN ST	**City and State:** CHAPEL HILL, NC 27514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 20	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	86.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	103	90.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	102	89.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	86.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	66.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	36.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	28	24.6	66.9	52.3
Residents requiring restraints.	43	37.7	49.9	40.4
Confused or disoriented residents.	42	36.8	64.8	58.6
Residents with bed sores.	12	10.5	9.1	7.6
Residents receiving special skin care.	24	21.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F119 F126 F134 F135 F191* F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ASBURY CARE CENTER

Street Address: 3600 SHAMROCK DRIVE		**City and State:** CHARLOTTE, NC 28215	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	45.5	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	71.7	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	25	25.3	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	30.3	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	41.4	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	3.0	36.5	30.4
Completely bedfast residents.	1	1.0	1.2	2.8
Residents confined to chairs.	32	32.3	50.7	40.9
Residents requiring restraints.	5	5.1	39.4	30.9
Confused or disoriented residents.	25	25.3	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	20	20.2	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY MANOR OF CHARLOTTE

Street Address: 2616 E 5TH ST		**City and State:** CHARLOTTE, NC 28204	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	20	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	92.4	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	106	89.1	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	89.9	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	78.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	4.2	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	51.3	48.5	39.1
Completely bedfast residents.	12	10.1	3.6	3.2
Residents confined to chairs.	86	72.3	66.9	52.3
Residents requiring restraints.	62	52.1	49.9	40.4
Confused or disoriented residents.	114	95.8	64.8	58.6
Residents with bed sores.	8	6.7	9.1	7.6
Residents receiving special skin care.	12	10.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F124 F125* F126 F130 F135 F137 F175
F191* F196* F204 F205 F206 F230 F263 F264
F328 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER NURSING CARE/SHAMROCK

Street Address: 2727 SHAMROCK DRIVE	**City and State:** CHARLOTTE, NC 28205

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 5	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	79.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	78	80.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	55	56.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	69.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	50.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.7	48.5	39.1
Completely bedfast residents.	2	2.1	3.6	3.2
Residents confined to chairs.	51	52.6	66.9	52.3
Residents requiring restraints.	40	41.2	49.9	40.4
Confused or disoriented residents.	58	59.8	64.8	58.6
Residents with bed sores.	5	5.2	9.1	7.6
Residents receiving special skin care.	16	16.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F124 F125* F126 F128* F129* F137 F139
F196* F242* F248 F249 F263 F264 F279 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER OF HEALTH RETIREMENT

Street Address: 5939 REDDMAN ROAD		**City and State:** CHARLOTTE, NC 28212	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	23	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	74.6	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	113	95.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	99	83.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	78.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	4.2	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	42.4	48.5	39.1
Completely bedfast residents.	1	0.8	3.6	3.2
Residents confined to chairs.	85	72.0	66.9	52.3
Residents requiring restraints.	40	33.9	49.9	40.4
Confused or disoriented residents.	81	68.6	64.8	58.6
Residents with bed sores.	13	11.0	9.1	7.6
Residents receiving special skin care.	14	11.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F127* F128* F130 F134 F179
F180 F182 F191* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF CHARLOTTE

Street Address: 2623 CRANBROOK LANE		**City and State:** CHARLOTTE, NC 28207	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	2	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	96.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	107	96.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	101	91.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	88.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	96.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.6	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	44.1	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	89	80.2	66.9	52.3
Residents requiring restraints.	25	22.5	49.9	40.4
Confused or disoriented residents.	103	92.8	64.8	58.6
Residents with bed sores.	9	8.1	9.1	7.6
Residents receiving special skin care.	59	53.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F128* F134 F181* F199 F206 F318
F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAWTHORNE NURSING CENTER

Street Address: 333 HAWTHORNE LANE		**City and State:** CHARLOTTE, NC 28204	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 18	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	78.6	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	130	92.9	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	125	89.3	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	87.1	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	68.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	8	5.7	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	50.0	48.5	39.1
Completely bedfast residents.	13	9.3	3.6	3.2
Residents confined to chairs.	86	61.4	66.9	52.3
Residents requiring restraints.	70	50.0	49.9	40.4
Confused or disoriented residents.	72	51.4	64.8	58.6
Residents with bed sores.	12	8.6	9.1	7.6
Residents receiving special skin care.	56	40.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F102 F118 F124 F126 F130 F134 F137
F139 F189 F191* F294 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOSPITALITY CARE CENTER OF CHARLOTTE

Street Address: 4801 RANDOLPH RD	**City and State:** CHARLOTTE, NC 28211

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 12	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	89.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	85	86.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	87	88.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.8	48.5	39.1
Completely bedfast residents.	2	2.0	3.6	3.2
Residents confined to chairs.	69	70.4	66.9	52.3
Residents requiring restraints.	39	39.8	49.9	40.4
Confused or disoriented residents.	74	75.5	64.8	58.6
Residents with bed sores.	6	6.1	9.1	7.6
Residents receiving special skin care.	5	5.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F199 F288 F298 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVIDENCE CONVALESCENT RESIDENCE

Street Address: 300 PROVIDENCE RD		**City and State:** CHARLOTTE, NC 28207	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 41	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	95.4	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	117	90.0	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	86.9	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	99.2	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	69.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	14	10.8	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	40.8	48.5	39.1
Completely bedfast residents.	15	11.5	3.6	3.2
Residents confined to chairs.	92	70.8	66.9	52.3
Residents requiring restraints.	64	49.2	49.9	40.4
Confused or disoriented residents.	47	36.2	64.8	58.6
Residents with bed sores.	15	11.5	9.1	7.6
Residents receiving special skin care.	39	30.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F173* F176 F262 F321 F322* F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHARON VILLAGE

Street Address: 4009 CRAIG AVENUE BOX 220130		**City and State:** CHARLOTTE, NC 28222	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	**Medicare Residents:** 8	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	81.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	150	86.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	125	72.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	75.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	6	3.5	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	62	35.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	114	65.9	66.9	52.3
Residents requiring restraints.	91	52.6	49.9	40.4
Confused or disoriented residents.	111	64.2	64.8	58.6
Residents with bed sores.	8	4.6	9.1	7.6
Residents receiving special skin care.	39	22.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WESLEY NURSING CENTER

Street Address: 3700 SHAMROCK DR		**City and State:** CHARLOTTE, NC 28215	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 289	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
286	9	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	253	88.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	258	90.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	245	85.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	244	85.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	218	76.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	170	59.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	148	51.7	48.5	39.1
Completely bedfast residents.	3	1.0	3.6	3.2
Residents confined to chairs.	196	68.5	66.9	52.3
Residents requiring restraints.	192	67.1	49.9	40.4
Confused or disoriented residents.	217	75.9	64.8	58.6
Residents with bed sores.	2	0.7	9.1	7.6
Residents receiving special skin care.	201	70.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F118 F119 F124 F127* F130 F132* F134
F170 F171 F173* F176 F182 F261 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESSELS NH INC

Street Address: 515 TEMPLETON AVE		**City and State:** CHARLOTTE, NC 28203	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	92.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	25	96.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	25	96.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	96.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	92.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	69.2	48.5	39.1
Completely bedfast residents.	2	7.7	3.6	3.2
Residents confined to chairs.	25	96.2	66.9	52.3
Residents requiring restraints.	3	11.5	49.9	40.4
Confused or disoriented residents.	25	96.2	64.8	58.6
Residents with bed sores.	4	15.4	9.1	7.6
Residents receiving special skin care.	26	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F133* F134 F189 F191* F206 F224
F264 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAROLINA CARE CTR OF CHERRYVILLE INC

Street Address: HWY 274 N BOX 575		**City and State:** CHERRYVILLE, NC 28021	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 3	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	67.6	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	85	81.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	75	71.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	65.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	71.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	18.1	48.5	39.1
Completely bedfast residents.	1	1.0	3.6	3.2
Residents confined to chairs.	40	38.1	66.9	52.3
Residents requiring restraints.	42	40.0	49.9	40.4
Confused or disoriented residents.	66	62.9	64.8	58.6
Residents with bed sores.	3	2.9	9.1	7.6
Residents receiving special skin care.	3	2.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWBROOK MANOR CHERRYVILLE

Street Address: 700 SELF ST BOX 638		**City and State:** CHERRYVILLE, NC 28021	
Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	79.6	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	50	92.6	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	39	72.2	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	88.9	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	48.1	66.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.7	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	35.2	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	18	33.3	50.7	40.9
Residents requiring restraints.	19	35.2	39.4	30.9
Confused or disoriented residents.	26	48.1	57.5	55.4
Residents with bed sores.	1	1.9	5.3	4.8
Residents receiving special skin care.	32	59.3	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F297 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLUMENTHAL JEWISH HOME FOR THE AGED

Street Address: 7870 FAIR OAKS DR BOX 38	**City and State:** CLEMMONS, NC 27012

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 6	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	98.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	108	85.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	108	85.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	92.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	65.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	23	18.3	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	31.7	48.5	39.1
Completely bedfast residents.	4	3.2	3.6	3.2
Residents confined to chairs.	73	57.9	66.9	52.3
Residents requiring restraints.	36	28.6	49.9	40.4
Confused or disoriented residents.	88	69.8	64.8	58.6
Residents with bed sores.	13	10.3	9.1	7.6
Residents receiving special skin care.	33	26.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly effect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F210 F262 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWBROOK MANOR

Street Address: HWY 158 BOX 249	**City and State:** CLEMMONS, NC 27012

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 5	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	98	87.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	96	85.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	90	80.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	81.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	73.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	2.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	55	49.1	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	75	67.0	66.9	52.3
Residents requiring restraints.	83	74.1	49.9	40.4
Confused or disoriented residents.	83	74.1	64.8	58.6
Residents with bed sores.	6	5.4	9.1	7.6
Residents receiving special skin care.	44	39.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F262 F264 F285 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARY GRAN NURSING CENTER

Street Address: 120 SOUTHWOOD DR BOX 379		**City and State:** CLINTON, NC 28328	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
179	4	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	93.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	171	95.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	149	83.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	87.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	71.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	105	58.7	48.5	39.1
Completely bedfast residents.	10	5.6	3.6	3.2
Residents confined to chairs.	113	63.1	66.9	52.3
Residents requiring restraints.	123	68.7	49.9	40.4
Confused or disoriented residents.	100	55.9	64.8	58.6
Residents with bed sores.	23	12.8	9.1	7.6
Residents receiving special skin care.	135	75.4	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F130 F132* F133* F173* F180 F182
F294 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAMPSON COUNTY MEMORIAL HOSPITAL SNF

Street Address: 607 BEAMAN ST BOX 258		**City and State:** CLINTON, NC 28328	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/10/90

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	7	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	76.7	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	29	96.7	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	26	86.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	86.7	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	70.0	48.5	39.1
Completely bedfast residents.	2	6.7	3.6	3.2
Residents confined to chairs.	16	53.3	66.9	52.3
Residents requiring restraints.	6	20.0	49.9	40.4
Confused or disoriented residents.	17	56.7	64.8	58.6
Residents with bed sores.	7	23.3	9.1	7.6
Residents receiving special skin care.	0	0.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRITTHAVEN OF CLYDE

Street Address: 30 MORGAN ST		**City and State:** CLYDE, NC 28721	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	93.5	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	43	93.5	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	43	93.5	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	87.0	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	87.0	66.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.3	36.5	30.4
Completely bedfast residents.	1	2.2	1.2	2.8
Residents confined to chairs.	17	37.0	50.7	40.9
Residents requiring restraints.	33	71.7	39.4	30.9
Confused or disoriented residents.	24	52.2	57.5	55.4
Residents with bed sores.	4	8.7	5.3	4.8
Residents receiving special skin care.	12	26.1	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F257 F283 F288 F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CABARRUS NURSING CENTER

Street Address: 515 LAKE CONCORD RD BOX 748

City and State: CONCORD, NC 28025

Participation: MEDICARE/MEDICAID SNF

# of Beds: 120

Type of Ownership: PROPRIETARY

Survey Date: 02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115

Medicare Residents: 0

Medicaid Residents: 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	85.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	108	93.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	101	87.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	87.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.5	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	79	68.7	48.5	39.1
Completely bedfast residents.	2	1.7	3.6	3.2
Residents confined to chairs.	98	85.2	66.9	52.3
Residents requiring restraints.	81	70.4	49.9	40.4
Confused or disoriented residents.	84	73.0	64.8	58.6
Residents with bed sores.	11	9.6	9.1	7.6
Residents receiving special skin care.	28	24.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F134 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CONCORD NURSING CENTER

Street Address: 430 BROOKWOOD AVE NE BOX 748		**City and State:** CONCORD, NC 28025	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	94.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	107	97.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	102	92.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	86.4	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	36.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.6	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	47.3	48.5	39.1
Completely bedfast residents.	3	2.7	3.6	3.2
Residents confined to chairs.	78	70.9	66.9	52.3
Residents requiring restraints.	77	70.0	49.9	40.4
Confused or disoriented residents.	44	40.0	64.8	58.6
Residents with bed sores.	8	7.3	9.1	7.6
Residents receiving special skin care.	49	44.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F129* F134 F135 F181* F199 F227
F332* F339 F340* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FIVE OAKS NURSING CENTER

Street Address: 413 WINECOFF SCHOOL RD BOX 384		**City and State:** CONCORD, NC 28026	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	76.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	115	86.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	116	87.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	79.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	81.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	71	53.4	48.5	39.1
Completely bedfast residents.	8	6.0	3.6	3.2
Residents confined to chairs.	79	59.4	66.9	52.3
Residents requiring restraints.	41	30.8	49.9	40.4
Confused or disoriented residents.	104	78.2	64.8	58.6
Residents with bed sores.	5	3.8	9.1	7.6
Residents receiving special skin care.	24	18.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F182 F189 F191* F206 F294 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ODELL NURSING CENTER

Street Address: 2339 ODELL SCHOOL RD	**City and State:** CONCORD, NC 28025

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	1	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	78.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	38	80.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	37	78.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	2.1	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	21.3	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	26	55.3	66.9	52.3
Residents requiring restraints.	26	55.3	49.9	40.4
Confused or disoriented residents.	23	48.9	64.8	58.6
Residents with bed sores.	2	4.3	9.1	7.6
Residents receiving special skin care.	9	19.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

CONCORD, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F130 F132* F133* F134 F135 F140
F171 F172 F174 F176 F180 F191* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STOKES REYNOLDS MEMORIAL HOSP SNF

Street Address: PO BOX 10		**City and State:** DANBURY, NC 27016	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/27/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	1	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	89.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	37	94.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	35	89.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	2.6	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	53.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	33	84.6	66.9	52.3
Residents requiring restraints.	39	100	49.9	40.4
Confused or disoriented residents.	33	84.6	64.8	58.6
Residents with bed sores.	12	30.8	9.1	7.6
Residents receiving special skin care.	5	12.8	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F129* F130 F131* F135 F170 F171
F175 F176 F224 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOUNTAIN VISTA HEALTH PARK

Street Address: JACKSON HILL RD ROUTE 1 BOX 591		**City and State:** DENTON, NC 27239	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	88.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	56	94.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	53	89.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	94.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	49.2	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	30	50.8	66.9	52.3
Residents requiring restraints.	37	62.7	49.9	40.4
Confused or disoriented residents.	35	59.3	64.8	58.6
Residents with bed sores.	3	5.1	9.1	7.6
Residents receiving special skin care.	3	5.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DENTON, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F135 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN CARE OF DREXEL

Street Address: 307 OAKLAND AVENUE		**City and State:** DREXEL, NC 28619	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	1	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	98.0	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	95	95.0	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	82	82.0	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	84.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	82.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	25	25.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	50.0	48.5	39.1
Completely bedfast residents.	12	12.0	3.6	3.2
Residents confined to chairs.	71	71.0	66.9	52.3
Residents requiring restraints.	66	66.0	49.9	40.4
Confused or disoriented residents.	89	89.0	64.8	58.6
Residents with bed sores.	4	4.0	9.1	7.6
Residents receiving special skin care.	100	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F173* F189 F190 F191* F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHARLES PARRISH MEMORIAL NURSING CTR

Street Address: 201 N ELLIS AVE		**City and State:** DUNN, NC 28334	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	8	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	95.9	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	98	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	98	100	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	88.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	65.3	48.5	39.1
Completely bedfast residents.	2	2.0	3.6	3.2
Residents confined to chairs.	93	94.9	66.9	52.3
Residents requiring restraints.	74	75.5	49.9	40.4
Confused or disoriented residents.	87	88.8	64.8	58.6
Residents with bed sores.	12	12.2	9.1	7.6
Residents receiving special skin care.	98	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F134 F191* F199 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENERY REHABILITATION CENTER

Street Address:
3100 ERWIN RD

City and State:
DURHAM, NC 27705

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	3	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	90.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	80	92.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	82	94.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	93.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	90.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	35	40.2	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	76	87.4	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	82	94.3	66.9	52.3
Residents requiring restraints.	33	37.9	49.9	40.4
Confused or disoriented residents.	69	79.3	64.8	58.6
Residents with bed sores.	9	10.3	9.1	7.6
Residents receiving special skin care.	70	80.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F191* F313* F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLCREST CONVALESCENT CENTER

Street Address: 1417 W PETTIGREW ST		**City and State:** DURHAM, NC 27705	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	42.4	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	72.0	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	61.0	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	77.1	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	71.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	28	23.7	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	41.5	48.5	39.1
Completely bedfast residents.	1	0.8	3.6	3.2
Residents confined to chairs.	51	43.2	66.9	52.3
Residents requiring restraints.	51	43.2	49.9	40.4
Confused or disoriented residents.	43	36.4	64.8	58.6
Residents with bed sores.	2	1.7	9.1	7.6
Residents receiving special skin care.	72	61.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HILLHAVEN LASALLE NURSING CENTER

Street Address: 411 S LASALLE ST		**City and State:** DURHAM, NC 27705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	18	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	73.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	110	92.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	100	84.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	83.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	73.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	7	5.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	47.1	48.5	39.1
Completely bedfast residents.	1	0.8	3.6	3.2
Residents confined to chairs.	93	78.2	66.9	52.3
Residents requiring restraints.	42	35.3	49.9	40.4
Confused or disoriented residents.	73	61.3	64.8	58.6
Residents with bed sores.	15	12.6	9.1	7.6
Residents receiving special skin care.	35	29.4	39.3	31.4

DURHAM, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F133* F134 F176 F262 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN REHABILITATION & CONV CTR

Street Address: 1515 W PETTIGREW ST		**City and State:** DURHAM, NC 27705	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	20	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	51.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	94	96.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	84	86.6	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	97.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	85.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	3.1	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	53.6	48.5	39.1
Completely bedfast residents.	4	4.1	3.6	3.2
Residents confined to chairs.	20	20.6	66.9	52.3
Residents requiring restraints.	18	18.6	49.9	40.4
Confused or disoriented residents.	18	18.6	64.8	58.6
Residents with bed sores.	6	6.2	9.1	7.6
Residents receiving special skin care.	62	63.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F134 F189 F191* F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN ROSE MANOR CONVALESCENT CTR

Street Address: 4230 ROXBORO RD		**City and State:** DURHAM, NC 27704	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	18	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	92.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	110	94.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	100	86.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	88.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	82.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	72	62.1	48.5	39.1
Completely bedfast residents.	2	1.7	3.6	3.2
Residents confined to chairs.	82	70.7	66.9	52.3
Residents requiring restraints.	72	62.1	49.9	40.4
Confused or disoriented residents.	67	57.8	64.8	58.6
Residents with bed sores.	12	10.3	9.1	7.6
Residents receiving special skin care.	14	12.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F126 F130 F175 F176 F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JOSEPH F COBLE HEALTH CARE CENTER

Street Address: 2616 ERWIN RD		**City and State:** DURHAM, NC 27705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	2	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	72.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	97	82.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	88	74.6	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	83.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	80.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	39.8	48.5	39.1
Completely bedfast residents.	2	1.7	3.6	3.2
Residents confined to chairs.	79	66.9	66.9	52.3
Residents requiring restraints.	47	39.8	49.9	40.4
Confused or disoriented residents.	77	65.3	64.8	58.6
Residents with bed sores.	6	5.1	9.1	7.6
Residents receiving special skin care.	25	21.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F135 F175 F176 F222 F223 F224
F322* F328 F339 F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER HEALTH & RETIREMENT

Street Address: 226 N OAKLAND AVENUE		**City and State:** EDEN, NC 27283	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	18	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	84.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	109	99.1	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	105	95.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	97.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	76.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	50.9	48.5	39.1
Completely bedfast residents.	2	1.8	3.6	3.2
Residents confined to chairs.	84	76.4	66.9	52.3
Residents requiring restraints.	67	60.9	49.9	40.4
Confused or disoriented residents.	86	78.2	64.8	58.6
Residents with bed sores.	2	1.8	9.1	7.6
Residents receiving special skin care.	5	4.5	39.3	31.4

EDEN, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F180 F262 F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOREHEAD MEMORIAL HOSPITAL - SNF

Street Address: 117 E KING'S HIGHWAY		**City and State:** EDEN, NC 27288	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 5	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	92.3	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	39	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	39	100	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	92.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	2.6	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	48.7	48.5	39.1
Completely bedfast residents.	5	12.8	3.6	3.2
Residents confined to chairs.	28	71.8	66.9	52.3
Residents requiring restraints.	13	33.3	49.9	40.4
Confused or disoriented residents.	28	71.8	64.8	58.6
Residents with bed sores.	11	28.2	9.1	7.6
Residents receiving special skin care.	0	0.0	39.3	31.4

EDEN, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F135 F262 F264 F288 F318 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF EDENTON

Street Address: PARADISE RD BOX 566	**City and State:** EDENTON, NC 27932

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 2	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	76.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	126	96.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	96	73.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	93.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	91.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	3.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	39.2	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	88	67.7	66.9	52.3
Residents requiring restraints.	116	89.2	49.9	40.4
Confused or disoriented residents.	117	90.0	64.8	58.6
Residents with bed sores.	6	4.6	9.1	7.6
Residents receiving special skin care.	12	9.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

EDENTON, NC

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F127* F135 F175 F262 F263 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHOWAN HOSP-SNF

Street Address: VIRGINIA RD BOX 629		**City and State:** EDENTON, NC 27932	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	2	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	85.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	38	95.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	36	90.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	90.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	7.5	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	90.0	48.5	39.1
Completely bedfast residents.	7	17.5	3.6	3.2
Residents confined to chairs.	21	52.5	66.9	52.3
Residents requiring restraints.	18	45.0	49.9	40.4
Confused or disoriented residents.	32	80.0	64.8	58.6
Residents with bed sores.	6	15.0	9.1	7.6
Residents receiving special skin care.	40	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F173* F206 F224 F227 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF ELIZABETH CITY

Street Address: 901 S HALSTEAD BLVD		**City and State:** ELIZABETH CITY, NC 27909	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	9	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	85.6	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	105	94.6	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	96	86.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	86.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	74.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	12	10.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	59	53.2	48.5	39.1
Completely bedfast residents.	3	2.7	3.6	3.2
Residents confined to chairs.	93	83.8	66.9	52.3
Residents requiring restraints.	76	68.5	49.9	40.4
Confused or disoriented residents.	8	7.2	64.8	58.6
Residents with bed sores.	6	5.4	9.1	7.6
Residents receiving special skin care.	35	31.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F134 F182 F224 F258 F293* F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
W R WINSLOW MEMORIAL HOME INC

Street Address: 1700 W EHRINGHAUS ST		**City and State:** ELIZABETH CITY, NC 27909	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	8	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	78.3	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	85.8	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	80.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	80.8	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	36.7	48.5	39.1
Completely bedfast residents.	7	5.8	3.6	3.2
Residents confined to chairs.	69	57.5	66.9	52.3
Residents requiring restraints.	70	58.3	49.9	40.4
Confused or disoriented residents.	70	58.3	64.8	58.6
Residents with bed sores.	1	0.8	9.1	7.6
Residents receiving special skin care.	33	27.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F133* F135 F176 F224 F321 F322* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELIZABETHTOWN NURSING CENTER

Street Address: 208 MERCER RD BOX 1447		**City and State:** ELIZABETHTOWN, NC 28337	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	75.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	81	96.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	74	88.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	83.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	90.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	9	10.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.3	48.5	39.1
Completely bedfast residents.	2	2.4	3.6	3.2
Residents confined to chairs.	55	65.5	66.9	52.3
Residents requiring restraints.	6	7.1	49.9	40.4
Confused or disoriented residents.	63	75.0	64.8	58.6
Residents with bed sores.	8	9.5	9.1	7.6
Residents receiving special skin care.	14	16.7	39.3	31.4

ELIZABETHTOWN, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEN-CARE NURSING & CONV CTR

Street Address: HWY 701 SOUTH BOX 2310		**City and State:** ELIZABETHTOWN, NC 28337	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	91.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	59	98.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	58	96.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	95.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	43.3	48.5	39.1
Completely bedfast residents.	1	1.7	3.6	3.2
Residents confined to chairs.	44	73.3	66.9	52.3
Residents requiring restraints.	34	56.7	49.9	40.4
Confused or disoriented residents.	45	75.0	64.8	58.6
Residents with bed sores.	16	26.7	9.1	7.6
Residents receiving special skin care.	20	33.3	39.3	31.4

ELIZABETHTOWN, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quanity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F180 F199 F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF ELKIN

Street Address: 560 JOHNSON RIDGE RD		**City and State:** ELKIN, NC 28621	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	12	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	72.9	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	88	91.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	80	83.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	82.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	70.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	41.7	48.5	39.1
Completely bedfast residents.	2	2.1	3.6	3.2
Residents confined to chairs.	51	53.1	66.9	52.3
Residents requiring restraints.	59	61.5	49.9	40.4
Confused or disoriented residents.	38	39.6	64.8	58.6
Residents with bed sores.	6	6.3	9.1	7.6
Residents receiving special skin care.	28	29.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HUGH CHATHAM MEMORIAL HOSP- SNF

Street Address: PARKWOOD DRIVE	**City and State:** ELKIN, NC 28621

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 79	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 4	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	83.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	70	88.6	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	67	84.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	86.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	6	7.6	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	62.0	48.5	39.1
Completely bedfast residents.	8	10.1	3.6	3.2
Residents confined to chairs.	40	50.6	66.9	52.3
Residents requiring restraints.	42	53.2	49.9	40.4
Confused or disoriented residents.	44	55.7	64.8	58.6
Residents with bed sores.	4	5.1	9.1	7.6
Residents receiving special skin care.	10	12.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F224 F298 F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CONVALESCENT CENTER OF ENFIELD INC

Street Address: 208 CARY ST		**City and State:** ENFIELD, NC 27823	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	98.4	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	62	98.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	58	92.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	95.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	77.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	7.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	58.7	48.5	39.1
Completely bedfast residents.	1	1.6	3.6	3.2
Residents confined to chairs.	45	71.4	66.9	52.3
Residents requiring restraints.	54	85.7	49.9	40.4
Confused or disoriented residents.	46	73.0	64.8	58.6
Residents with bed sores.	6	9.5	9.1	7.6
Residents receiving special skin care.	12	19.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F130 F134 F179 F181* F204 F205 F206
F263 F295 F298 F313* F321 F328 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN YEARS NH

Street Address: 214 NORTHWEST ST BOX 40	**City and State:** FALCON, NC 28342

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/31/89

Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.	**COMPLIANCE ACTION?** NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	54	96.4	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	43	76.8	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	71.4	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	66.8	59.1
Residents on individually written bowel and bladder retraining program.	3	5.4	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	58.9	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	36	64.3	50.7	40.9
Residents requiring restraints.	26	46.4	39.4	30.9
Confused or disoriented residents.	47	83.9	57.5	55.4
Residents with bed sores.	1	1.8	5.3	4.8
Residents receiving special skin care.	3	5.4	28.8	23.5

FALCON, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F294 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF FARMVILLE INC

Street Address:
ROUTE 1 BOX 96

City and State:
FARMVILLE, NC 27828

Participation:
MEDICAID ICF

# of Beds:
56

Type of Ownership:
PROPRIETARY

Survey Date:
09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
56

Medicare Residents:
0

Medicaid Residents:
49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	80.4	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	82.1	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	80.4	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	66.1	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	37.5	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	33	58.9	50.7	40.9
Residents requiring restraints.	25	44.6	39.4	30.9
Confused or disoriented residents.	36	64.3	57.5	55.4
Residents with bed sores.	4	7.1	5.3	4.8
Residents receiving special skin care.	7	12.5	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F175 F210

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICAS HEALTH CARE OF FAYETTEVILLE

Street Address: 707 MURCHISON RD		**City and State:** FAYETTEVILLE, NC 28301	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	90.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	113	91.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	111	90.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	90.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	90.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	123	100	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	81	65.9	66.9	52.3
Residents requiring restraints.	103	83.7	49.9	40.4
Confused or disoriented residents.	91	74.0	64.8	58.6
Residents with bed sores.	15	12.2	9.1	7.6
Residents receiving special skin care.	0	0.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F118 F126 F130 F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHESDA HEALTH CARE FACILITY

Street Address: RT 1 BOX 118 A		**City and State:** FAYETTEVILLE, NC 28301	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	93.3	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	58	96.7	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	52	86.7	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	86.7	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	71.7	48.5	39.1
Completely bedfast residents.	3	5.0	3.6	3.2
Residents confined to chairs.	42	70.0	66.9	52.3
Residents requiring restraints.	11	18.3	49.9	40.4
Confused or disoriented residents.	14	23.3	64.8	58.6
Residents with bed sores.	3	5.0	9.1	7.6
Residents receiving special skin care.	9	15.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F170 F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HIGHLAND HOUSE OF FAYETTEVILLE

Street Address: 1700 PAMALEE DR		**City and State:** FAYETTEVILLE, NC 28303	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	98.4	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	93.4	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	52	85.2	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	63.9	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	41.0	36.5	30.4
Completely bedfast residents.	1	1.6	1.2	2.8
Residents confined to chairs.	51	83.6	50.7	40.9
Residents requiring restraints.	3	4.9	39.4	30.9
Confused or disoriented residents.	33	54.1	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	4	6.6	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REST HAVEN NH

Street Address: 1769 DUNN RD		**City and State:** FAYETTEVILLE, NC 28301	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	80.0	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	86.7	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	77.8	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	91.1	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	32	71.1	50.7	40.9
Residents requiring restraints.	23	51.1	39.4	30.9
Confused or disoriented residents.	22	48.9	57.5	55.4
Residents with bed sores.	4	8.9	5.3	4.8
Residents receiving special skin care.	10	22.2	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F126 F129* F132* F133* F134 F168* F170
F175 F191* F242* F289 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

NURSING HOME PROFILE
WHISPERING PINES NH

Street Address: 523 COUNTRY CLUB DR	**City and State:** FAYETTEVILLE, NC 28301

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	56	96.6	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	54	93.1	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	87.9	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	63.8	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	55.2	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	30	51.7	50.7	40.9
Residents requiring restraints.	45	77.6	39.4	30.9
Confused or disoriented residents.	33	56.9	57.5	55.4
Residents with bed sores.	4	6.9	5.3	4.8
Residents receiving special skin care.	10	17.2	28.8	23.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F129* F131* F133* F134 F218* F294 F332*
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FLETCHER LIVING CENTER

Street Address: HOWARD GAP RD BOX 5339		**City and State:** FLETCHER, NC 28732	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	2	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	95.9	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	49	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	48	98.0	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	98.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	2.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	49.0	48.5	39.1
Completely bedfast residents.	3	6.1	3.6	3.2
Residents confined to chairs.	38	77.6	66.9	52.3
Residents requiring restraints.	24	49.0	49.9	40.4
Confused or disoriented residents.	28	57.1	64.8	58.6
Residents with bed sores.	8	16.3	9.1	7.6
Residents receiving special skin care.	7	14.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRITTHAVEN OF FRANKLIN

Street Address: 245 OLD MURPHY ROAD		**City and State:** FRANKLIN, NC 28734	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
148	6	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	68.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	141	95.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	123	83.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	95.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	69.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	72	48.6	48.5	39.1
Completely bedfast residents.	8	5.4	3.6	3.2
Residents confined to chairs.	87	58.8	66.9	52.3
Residents requiring restraints.	73	49.3	49.9	40.4
Confused or disoriented residents.	110	74.3	64.8	58.6
Residents with bed sores.	4	2.7	9.1	7.6
Residents receiving special skin care.	42	28.4	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINTONS NH INC

Street Address: 415 SUNSET DR		**City and State:** FUQUAY-VARINA, NC 27546	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	87.2	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	32	68.1	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	89.4	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	70.2	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	44.7	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	34	72.3	50.7	40.9
Residents requiring restraints.	20	42.6	39.4	30.9
Confused or disoriented residents.	27	57.4	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	0	0.0	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

FUQUAY-VARINA, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F170 F185 F191* F199 F210 F291 F318
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTHERN WAKE HOSPITAL SNF

Street Address: 400 RANSOM STREET		**City and State:** FUQUAY-VARINA, NC 27526	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 16	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	40.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	5	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	4	80.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	20.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	0	0.0	66.9	52.3
Residents requiring restraints.	1	20.0	49.9	40.4
Confused or disoriented residents.	0	0.0	64.8	58.6
Residents with bed sores.	2	40.0	9.1	7.6
Residents receiving special skin care.	2	40.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F206 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER OF NURSING CARE

Street Address: 969 COX RD		**City and State:** GASTONIA, NC 28054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	12	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	89.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	148	94.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	141	89.8	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	86.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	79.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	1.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	95	60.5	48.5	39.1
Completely bedfast residents.	1	0.6	3.6	3.2
Residents confined to chairs.	105	66.9	66.9	52.3
Residents requiring restraints.	60	38.2	49.9	40.4
Confused or disoriented residents.	100	63.7	64.8	58.6
Residents with bed sores.	14	8.9	9.1	7.6
Residents receiving special skin care.	80	51.0	39.3	31.4

GASTONIA, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118
F124
F125*
F126
F127*
F128*
F130
F134
F141
F170
F171
F172
F175
F176
F177
F178
F179
F180
F181*
F191*
F204
F206
F207
F262
F332*
F339
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GASTON MEMORIAL HOSPITAL EXT CARE SVCS

Street Address: 2525 COURT DRIVE	**City and State:** GASTONIA, NC 28053

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 17	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	75.0	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	14	87.5	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	14	87.5	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	87.5	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	75.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	50.0	48.5	39.1
Completely bedfast residents.	1	6.3	3.6	3.2
Residents confined to chairs.	10	62.5	66.9	52.3
Residents requiring restraints.	8	50.0	49.9	40.4
Confused or disoriented residents.	11	68.8	64.8	58.6
Residents with bed sores.	1	6.3	9.1	7.6
Residents receiving special skin care.	4	25.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN HEALTHCARE OF GASTONIA

Street Address: 416 N HIGHLAND ST		**City and State:** GASTONIA, NC 28052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	17	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	60.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	114	96.6	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	96	81.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	83.1	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	81.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	85	72.0	48.5	39.1
Completely bedfast residents.	5	4.2	3.6	3.2
Residents confined to chairs.	92	78.0	66.9	52.3
Residents requiring restraints.	41	34.7	49.9	40.4
Confused or disoriented residents.	66	55.9	64.8	58.6
Residents with bed sores.	13	11.0	9.1	7.6
Residents receiving special skin care.	72	61.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

GASTONIA, NC

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F174 F175 F298 F318 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWBROOK MANOR GASTONIA

Street Address: 960 X RAY DRIVE BOX 1375	**City and State:** GASTONIA, NC 28054

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 2	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	91.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	108	90.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	108	90.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	90.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	91.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	3.3	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	43.3	48.5	39.1
Completely bedfast residents.	3	2.5	3.6	3.2
Residents confined to chairs.	75	62.5	66.9	52.3
Residents requiring restraints.	13	10.8	49.9	40.4
Confused or disoriented residents.	93	77.5	64.8	58.6
Residents with bed sores.	18	15.0	9.1	7.6
Residents receiving special skin care.	80	66.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

GASTONIA, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F127* F134 F182 F191* F264 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF GOLDSBORO

Street Address: 2401 WAYNE MEMORIAL DR	**City and State:** GOLDSBORO, NC 27530

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 8	**Medicaid Residents:** 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	67.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	141	86.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	143	87.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	87.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	79.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	6	3.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	144	87.8	48.5	39.1
Completely bedfast residents.	2	1.2	3.6	3.2
Residents confined to chairs.	60	36.6	66.9	52.3
Residents requiring restraints.	80	48.8	49.9	40.4
Confused or disoriented residents.	111	67.7	64.8	58.6
Residents with bed sores.	5	3.0	9.1	7.6
Residents receiving special skin care.	50	30.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

~~Reminder:~~ The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F127* F130 F132* F170 F173* F255
F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHERRY HOSPITAL ICF

Street Address: HWY 581 BOX 8000		**City and State:** GOLDSBORO, NC 27530	
Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	90.3	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	62	100	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	47	75.8	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	21.0	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	88.7	66.8	59.1
Residents on individually written bowel and bladder retraining program.	10	16.1	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	25.8	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	7	11.3	50.7	40.9
Residents requiring restraints.	0	0.0	39.4	30.9
Confused or disoriented residents.	62	100	57.5	55.4
Residents with bed sores.	1	1.6	5.3	4.8
Residents receiving special skin care.	10	16.1	28.8	23.5

GOLDSBORO, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F129* F133* F134 F185 F191* F199
F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN OF ALAMANCE

Street Address: 779 WOODY DR

City and State: GRAHAM, NC 27253

Participation: MEDICAID ICF

# of Beds: 120

Type of Ownership: PROPRIETARY

Survey Date: 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117

Medicare Residents: 0

Medicaid Residents: 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	78.6	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	95	81.2	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	76	65.0	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	57.3	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	59.8	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.3	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	65	55.6	50.7	40.9
Residents requiring restraints.	36	30.8	39.4	30.9
Confused or disoriented residents.	64	54.7	57.5	55.4
Residents with bed sores.	12	10.3	5.3	4.8
Residents receiving special skin care.	9	7.7	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F134 F257 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMELOT MANOR NURSING CARE FAC INC

Street Address: 100 SUNSET ST		**City and State:** GRANITE FALLS, NC 28630	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	4	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	93.0	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	96.5	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	99	86.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	87.7	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	76.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	50.0	48.5	39.1
Completely bedfast residents.	4	3.5	3.6	3.2
Residents confined to chairs.	79	69.3	66.9	52.3
Residents requiring restraints.	53	46.5	49.9	40.4
Confused or disoriented residents.	89	78.1	64.8	58.6
Residents with bed sores.	7	6.1	9.1	7.6
Residents receiving special skin care.	79	69.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRITTHAVEN OF PAMLICO

Street Address: ROUTE 1 BOX 171

City and State: GRANTSBORO, NC 28529

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 66

Type of Ownership: PROPRIETARY

Survey Date: 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49

Medicare Residents: 2

Medicaid Residents: 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	49	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	49	100	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	100	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	4.1	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	48.5	39.1
Completely bedfast residents.	10	20.4	3.6	3.2
Residents confined to chairs.	29	59.2	66.9	52.3
Residents requiring restraints.	26	53.1	49.9	40.4
Confused or disoriented residents.	39	79.6	64.8	58.6
Residents with bed sores.	12	24.5	9.1	7.6
Residents receiving special skin care.	2	4.1	39.3	31.4

GRANTSBORO, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

GRANTSBORO, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F129* F133* F134 F167* F168*
F169 F170 F174 F182 F294 F295 F298 F327
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREENS INC

Street Address: 4007 W WENDOVER AVE		**City and State:** GREENSBORO, NC 27407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 266	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
264	0	195

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	253	95.8	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	259	98.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	253	95.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	229	86.7	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	251	95.1	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	1.9	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	157	59.5	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	264	100	66.9	52.3
Residents requiring restraints.	150	56.8	49.9	40.4
Confused or disoriented residents.	192	72.7	64.8	58.6
Residents with bed sores.	8	3.0	9.1	7.6
Residents receiving special skin care.	157	59.5	39.3	31.4

GREENSBORO, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIENDS HOMES INC

Street Address: 925 NEW GARDEN RD		**City and State:** GREENSBORO, NC 27410	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	1	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	48	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	48	100	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	72.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	4	8.3	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	48.5	39.1
Completely bedfast residents.	1	2.1	3.6	3.2
Residents confined to chairs.	16	33.3	66.9	52.3
Residents requiring restraints.	37	77.1	49.9	40.4
Confused or disoriented residents.	40	83.3	64.8	58.6
Residents with bed sores.	0	0.0	9.1	7.6
Residents receiving special skin care.	4	8.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F113 F191* F206 F255 F256 F257

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENSBORO HEALTH CARE CENTER

Street Address: 1201 CAROLINA ST		**City and State:** GREENSBORO, NC 27401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 8	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	74.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	87	84.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	83	80.6	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	80.6	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	76.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	2.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	46	44.7	48.5	39.1
Completely bedfast residents.	2	1.9	3.6	3.2
Residents confined to chairs.	62	60.2	66.9	52.3
Residents requiring restraints.	68	66.0	49.9	40.4
Confused or disoriented residents.	67	65.0	64.8	58.6
Residents with bed sores.	13	12.6	9.1	7.6
Residents receiving special skin care.	25	24.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F142 F144 F173* F174 F176 F181* F191*
F218* F262 F286 F287 F294 F321 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEALTHHAVEN NURSING CENTER INC

Street Address:
801 GREENHAVEN DR

City and State:
GREENSBORO, NC 27406

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	83.9	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	104	88.1	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	91	77.1	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	72.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	58	49.2	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	62	52.5	66.9	52.3
Residents requiring restraints.	44	37.3	49.9	40.4
Confused or disoriented residents.	72	61.0	64.8	58.6
Residents with bed sores.	2	1.7	9.1	7.6
Residents receiving special skin care.	45	38.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
L RICHARDSON MEMORIAL HOSPITAL-SNF

Street Address:
2401 SOUTHSIDE BLVD DRAWER 16167

City and State:
GREENSBORO, NC 27406

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
57

Type of Ownership:
NON-PROFIT PRIVATE

Survey Date:
01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
42

Medicare Residents:
0

Medicaid Residents:
35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	73.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	40	95.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	35	83.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	85.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	85.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	73.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	30	71.4	66.9	52.3
Residents requiring restraints.	16	38.1	49.9	40.4
Confused or disoriented residents.	21	50.0	64.8	58.6
Residents with bed sores.	6	14.3	9.1	7.6
Residents receiving special skin care.	42	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F135 F140 F191* F257

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAINT JAMES NURSING CENTER INC

Street Address: 603 S BENBOW RD		**City and State:** GREENSBORO, NC 27401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/26/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	2	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	99.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	96	99.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	93	95.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	92.8	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	39.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	64	66.0	48.5	39.1
Completely bedfast residents.	6	6.2	3.6	3.2
Residents confined to chairs.	95	97.9	66.9	52.3
Residents requiring restraints.	34	35.1	49.9	40.4
Confused or disoriented residents.	70	72.2	64.8	58.6
Residents with bed sores.	18	18.6	9.1	7.6
Residents receiving special skin care.	9	9.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F128* F133* F134 F135 F171 F174 F175
F176 F191* F257 F262 F264 F287 F293* F311
F313* F315 F318 F321 F341 F342 F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STARMOUNT VILLA

Street Address: 109 S HOLDEN ROAD		**City and State:** GREENSBORO, NC 27407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	27	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	61.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	120	96.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	110	88.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	74.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	78.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	6	4.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	41.1	48.5	39.1
Completely bedfast residents.	1	0.8	3.6	3.2
Residents confined to chairs.	106	85.5	66.9	52.3
Residents requiring restraints.	52	41.9	49.9	40.4
Confused or disoriented residents.	106	85.5	64.8	58.6
Residents with bed sores.	22	17.7	9.1	7.6
Residents receiving special skin care.	124	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F126 F127* F139 F199 F298 F318
F321 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICAS HEALTH CARE OF GREENVILLE

Street Address: HWY 43W RT 1 BOX 21		**City and State:** GREENVILLE, NC 27834	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	4	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	87.6	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	80	82.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	81	83.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	85.6	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	41.2	48.5	39.1
Completely bedfast residents.	8	8.2	3.6	3.2
Residents confined to chairs.	72	74.2	66.9	52.3
Residents requiring restraints.	43	44.3	49.9	40.4
Confused or disoriented residents.	71	73.2	64.8	58.6
Residents with bed sores.	12	12.4	9.1	7.6
Residents receiving special skin care.	17	17.5	39.3	31.4

GREENVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F127* F130 F134 F136 F171
F172 F173* F174 F182 F191* F240 F241 F242*
F248 F249 F258 F259 F262 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENVILLE VILLA

Street Address: 127 MOYE BLVD BOX 5046	**City and State:** GREENVILLE, NC 27834

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 21	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	94.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	144	96.6	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	128	85.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	87.2	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	87.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	8	5.4	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	43.6	48.5	39.1
Completely bedfast residents.	4	2.7	3.6	3.2
Residents confined to chairs.	116	77.9	66.9	52.3
Residents requiring restraints.	92	61.7	49.9	40.4
Confused or disoriented residents.	106	71.1	64.8	58.6
Residents with bed sores.	16	10.7	9.1	7.6
Residents receiving special skin care.	55	36.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F119 F127* F130 F176 F182 F248 F249
F252 F257 F258 F259 F263 F294 F295 F297
F321 F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF HAMLET

Street Address:
HIGHWAY 177 S BOX 1489

City and State:
HAMLET, NC 28345

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
65

Type of Ownership:
PROPRIETARY

Survey Date:
04/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
56

Medicare Residents:
13

Medicaid Residents:
36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	56	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	54	96.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	96.4	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	85.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	46.4	48.5	39.1
Completely bedfast residents.	3	5.4	3.6	3.2
Residents confined to chairs.	50	89.3	66.9	52.3
Residents requiring restraints.	16	28.6	49.9	40.4
Confused or disoriented residents.	52	92.9	64.8	58.6
Residents with bed sores.	9	16.1	9.1	7.6
Residents receiving special skin care.	9	16.1	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F179 F180 F181* F197 F199 F206
F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF HENDERSON

Street Address: 280 S BECKFORD DR		**City and State:** HENDERSON, NC 27536	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	84.8	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	76	96.2	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	70	88.6	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	70.9	66.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	31.6	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	55	69.6	50.7	40.9
Residents requiring restraints.	51	64.6	39.4	30.9
Confused or disoriented residents.	63	79.7	57.5	55.4
Residents with bed sores.	3	3.8	5.3	4.8
Residents receiving special skin care.	4	5.1	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE HAVEN CONVALESCENT CENTER

Street Address: 1245 PARK AVE		**City and State:** HENDERSON, NC 27536	
Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	39	78.0	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	21	42.0	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	48.0	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	28.0	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	21	42.0	50.7	40.9
Residents requiring restraints.	11	22.0	39.4	30.9
Confused or disoriented residents.	24	48.0	57.5	55.4
Residents with bed sores.	1	2.0	5.3	4.8
Residents receiving special skin care.	7	14.0	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F218*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER HEALTH & RETIREMENT

Street Address: 1870 PISGAHDR		**City and State:** HENDERSONVILLE, NC 28739	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	100	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	14	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	13	92.9	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet	14	100	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	85.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	14.3	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	57.1	48.5	39.1
Completely bedfast residents.	1	7.1	3.6	3.2
Residents confined to chairs.	11	78.6	66.9	52.3
Residents requiring restraints.	7	50.0	49.9	40.4
Confused or disoriented residents.	11	78.6	64.8	58.6
Residents with bed sores.	5	35.7	9.1	7.6
Residents receiving special skin care.	8	57.1	39.3	31.4

HENDERSONVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAROLINA VILLAGE INC

Street Address: 600 CAROLINA VILLAGE RD	**City and State:** HENDERSONVILLE, NC 28739

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	68.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	51	94.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	36	66.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	66.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	27.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	13	24.1	66.9	52.3
Residents requiring restraints.	9	16.7	49.9	40.4
Confused or disoriented residents.	37	68.5	64.8	58.6
Residents with bed sores.	1	1.9	9.1	7.6
Residents receiving special skin care.	4	7.4	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HENDERSONVILLE RETIREMENT CTR

Street Address: 200 HERITAGE DR		**City and State:** HENDERSONVILLE, NC 28739	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	1	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	52.1	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	60	82.2	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	62	84.9	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	84.9	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	84.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	31.5	48.5	39.1
Completely bedfast residents.	4	5.5	3.6	3.2
Residents confined to chairs.	39	53.4	66.9	52.3
Residents requiring restraints.	25	34.2	49.9	40.4
Confused or disoriented residents.	41	56.2	64.8	58.6
Residents with bed sores.	8	11.0	9.1	7.6
Residents receiving special skin care.	73	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	NOT MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094* F124 F126 F139 F140 F191* F206 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKEWOOD MANOR NURSING CENTER

Street Address:
1510 HEBRON ST

City and State:
HENDERSONVILLE, NC 28739

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
150

Type of Ownership:
PROPRIETARY

Survey Date:
09/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	9	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	93.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	106	82.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	95	74.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	73.4	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	73.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	33.6	48.5	39.1
Completely bedfast residents.	2	1.6	3.6	3.2
Residents confined to chairs.	87	68.0	66.9	52.3
Residents requiring restraints.	40	31.3	49.9	40.4
Confused or disoriented residents.	72	56.3	64.8	58.6
Residents with bed sores.	5	3.9	9.1	7.6
Residents receiving special skin care.	72	56.3	39.3	31.4

HENDERSONVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F052* F058 F084 F123* F124 F125* F126
F127* F128* F129* F130 F131* F132* F134 F137
F139 F141 F167* F168* F169 F170 F171 F172
F173* F175 F176 F189 F191* F199 F257 F262
F288 F298 F321 F322* F332* F338 F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARGARET R PARDEE MEM HOSP- SNF

Street Address: 715 FLEMING ST		**City and State:** HENDERSONVILLE, NC 28739	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	24	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	94.7	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	37	97.4	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	37	97.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	94.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	94.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	2	5.3	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	92.1	48.5	39.1
Completely bedfast residents.	9	23.7	3.6	3.2
Residents confined to chairs.	6	15.8	66.9	52.3
Residents requiring restraints.	14	36.8	49.9	40.4
Confused or disoriented residents.	15	39.5	64.8	58.6
Residents with bed sores.	6	15.8	9.1	7.6
Residents receiving special skin care.	9	23.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F134 F176 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER NURSING CARE OF HERTFORD

Street Address: ROUTE 2 BOX 2		**City and State:** HERTFORD, NC 27944	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	6	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	60.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	60	76.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	62	79.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	76.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	60.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.3	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	24.4	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	39	50.0	66.9	52.3
Residents requiring restraints.	39	50.0	49.9	40.4
Confused or disoriented residents.	35	44.9	64.8	58.6
Residents with bed sores.	1	1.3	9.1	7.6
Residents receiving special skin care.	17	21.8	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F126 F127* F134 F135 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CENTER OF NURSING CARE

Street Address: 220 13TH AVE PLACE NW	**City and State:** HICKORY, NC 28601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 3	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	94.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	94	92.2	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	92	90.2	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	86.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	75.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	4.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	58	56.9	48.5	39.1
Completely bedfast residents.	10	9.8	3.6	3.2
Residents confined to chairs.	76	74.5	66.9	52.3
Residents requiring restraints.	44	43.1	49.9	40.4
Confused or disoriented residents.	68	66.7	64.8	58.6
Residents with bed sores.	8	7.8	9.1	7.6
Residents receiving special skin care.	17	16.7	39.3	31.4

HICKORY, NC

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191* F294 F322* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAN CTR HEALTH & RETIRE HICKORY EAST

Street Address: ROUTE 11 BOX 355		**City and State:** HICKORY, NC 28602	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 9	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	79.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	89	81.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	92	84.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	72.5	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	69.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	45	41.3	48.5	39.1
Completely bedfast residents.	1	0.9	3.6	3.2
Residents confined to chairs.	68	62.4	66.9	52.3
Residents requiring restraints.	57	52.3	49.9	40.4
Confused or disoriented residents.	70	64.2	64.8	58.6
Residents with bed sores.	4	3.7	9.1	7.6
Residents receiving special skin care.	30	27.5	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F264 F298 F324* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN NH HICKORY UNIT

Street Address: 1265 21 ST NE		**City and State:** HICKORY, NC 28603	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	7	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	98.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	88	86.3	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	76	74.5	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	79.4	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	64.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	4.9	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	34.3	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	43	42.2	66.9	52.3
Residents requiring restraints.	37	36.3	49.9	40.4
Confused or disoriented residents.	66	64.7	64.8	58.6
Residents with bed sores.	8	7.8	9.1	7.6
Residents receiving special skin care.	40	39.2	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F169 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PELLCARE

Street Address: 1125 10 ST BLVD NW	**City and State:** HICKORY, NC 28601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	83.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	104	86.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	98	81.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	74.2	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	73	60.8	48.5	39.1
Completely bedfast residents.	3	2.5	3.6	3.2
Residents confined to chairs.	76	63.3	66.9	52.3
Residents requiring restraints.	46	38.3	49.9	40.4
Confused or disoriented residents.	30	25.0	64.8	58.6
Residents with bed sores.	12	10.0	9.1	7.6
Residents receiving special skin care.	92	76.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F139 F140 F262 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREENS INC

Street Address: 206 GREENSBORO RD		**City and State:** HIGH POINT, NC 27260	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 3	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	97.8	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	90	97.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	74	80.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	45	48.9	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	57	62.0	66.9	52.3
Residents requiring restraints.	79	85.9	49.9	40.4
Confused or disoriented residents.	70	76.1	64.8	58.6
Residents with bed sores.	1	1.1	9.1	7.6
Residents receiving special skin care.	92	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F133* F170 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HIGH POINT CARE CENTER

Street Address: 3830 N MAIN ST		**City and State:** HIGH POINT, NC 27260	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	80.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	70	77.8	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	49	54.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	58.9	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	57.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	72.2	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	46	51.1	66.9	52.3
Residents requiring restraints.	48	53.3	49.9	40.4
Confused or disoriented residents.	52	57.8	64.8	58.6
Residents with bed sores.	12	13.3	9.1	7.6
Residents receiving special skin care.	6	6.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F128* F129* F130 F134 F191*
F237* F259 F262 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARYFIELD NH

Street Address:
1315 GREENSBORO RD

City and State:
HIGH POINT, NC 27260

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
115

Type of Ownership:
NON-PROFIT PRIVATE

Survey Date:
04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
114

Medicare Residents:
1

Medicaid Residents:
31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	91.2	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	105	92.1	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	72.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	84.2	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	55.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	36.8	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	72	63.2	66.9	52.3
Residents requiring restraints.	52	45.6	49.9	40.4
Confused or disoriented residents.	43	37.7	64.8	58.6
Residents with bed sores.	3	2.6	9.1	7.6
Residents receiving special skin care.	9	7.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MEDICAL PARK NSG CENTRE

Street Address: 707 N ELM ST		**City and State:** HIGH POINT, NC 27262	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
192	3	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	77.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	166	86.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	160	83.3	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	82.3	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	170	88.5	77.5	69.4
Residents on individually written bowel and bladder retraining program.	6	3.1	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	25.5	48.5	39.1
Completely bedfast residents.	2	1.0	3.6	3.2
Residents confined to chairs.	103	53.6	66.9	52.3
Residents requiring restraints.	49	25.5	49.9	40.4
Confused or disoriented residents.	58	30.2	64.8	58.6
Residents with bed sores.	11	5.7	9.1	7.6
Residents receiving special skin care.	50	26.0	39.3	31.4

HIGH POINT, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

HIGH POINT, NC

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F124 F125* F126 F127* F128* F129* F130
F132* F135 F139 F173* F176 F206 F224 F264
F277 F294 F313* F321 F328 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PRESBYTERIAN HOME

Street Address: 201 GREENSBORO RD	**City and State:** HIGH POINT, NC 27261

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	2	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	88.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	71	85.5	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	63	75.9	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	80.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	81.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	31.3	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	53	63.9	66.9	52.3
Residents requiring restraints.	35	42.2	49.9	40.4
Confused or disoriented residents.	57	68.7	64.8	58.6
Residents with bed sores.	0	0.0	9.1	7.6
Residents receiving special skin care.	29	34.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESLEYAN ARMS INC

Street Address: 1901 N CENTENNIAL ST	**City and State:** HIGH POINT, NC 27260

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 2	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	96	96.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	76	76.0	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.0	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	90.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	48.5	39.1
Completely bedfast residents.	1	1.0	3.6	3.2
Residents confined to chairs.	40	40.0	66.9	52.3
Residents requiring restraints.	37	37.0	49.9	40.4
Confused or disoriented residents.	47	47.0	64.8	58.6
Residents with bed sores.	11	11.0	9.1	7.6
Residents receiving special skin care.	25	25.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F126 F173* F191* F264 F286

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUNTERSVILLE OAKS NH

Street Address: 13001 OLD STATESVILLE RD	**City and State:** HUNTERSVILLE, NC 28078

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 289	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 287	**Medicare Residents:** 16	**Medicaid Residents:** 204

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	242	84.3	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	266	92.7	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	248	86.4	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	260	90.6	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	235	81.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	11	3.8	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	139	48.4	48.5	39.1
Completely bedfast residents.	5	1.7	3.6	3.2
Residents confined to chairs.	234	81.5	66.9	52.3
Residents requiring restraints.	121	42.2	49.9	40.4
Confused or disoriented residents.	233	81.2	64.8	58.6
Residents with bed sores.	15	5.2	9.1	7.6
Residents receiving special skin care.	198	69.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF JACKSONVILLE

Street Address: 225 WHITE ST		**City and State:** JACKSONVILLE, NC 28540	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	5	164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	81.7	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	156	86.7	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	143	79.4	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	80.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	73.9	77.5	69.4
Residents on individually written bowel and bladder retraining program.	7	3.9	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	44.4	48.5	39.1
Completely bedfast residents.	1	0.6	3.6	3.2
Residents confined to chairs.	120	66.7	66.9	52.3
Residents requiring restraints.	83	46.1	49.9	40.4
Confused or disoriented residents.	100	55.6	64.8	58.6
Residents with bed sores.	22	12.2	9.1	7.6
Residents receiving special skin care.	29	16.1	39.3	31.4

JACKSONVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F294 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF ONSLOW

Street Address: 1839 ONSLOW DR BOX 5021		**City and State:** JACKSONVILLE, NC 28540	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	93.7	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	93.7	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	98.7	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	98.7	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	65.8	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.3	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	67.1	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	72	91.1	66.9	52.3
Residents requiring restraints.	79	100	49.9	40.4
Confused or disoriented residents.	65	82.3	64.8	58.6
Residents with bed sores.	17	21.5	9.1	7.6
Residents receiving special skin care.	22	27.8	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F206 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EMERALD HEALTH CARE OF ASHE

Street Address:
HIGHWAY 21 PO BOX 130

City and State:
JEFFERSON, NC 28640

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
120

Type of Ownership:
PROPRIETARY

Survey Date:
08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
98

Medicare Residents:
3

Medicaid Residents:
88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	91.8	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	90	91.8	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	94.9	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	87.8	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	84.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	3	3.1	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	61.2	48.5	39.1
Completely bedfast residents.	3	3.1	3.6	3.2
Residents confined to chairs.	70	71.4	66.9	52.3
Residents requiring restraints.	70	71.4	49.9	40.4
Confused or disoriented residents.	78	79.6	64.8	58.6
Residents with bed sores.	8	8.2	9.1	7.6
Residents receiving special skin care.	40	40.8	39.3	31.4

JEFFERSON, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BIG ELM NURSING CENTER

Street Address: 128 W A ST PO BOX 190		**City and State:** KANNAPOLIS, NC 28081	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	3	100	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	3	100	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	66.7	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	3	100	50.7	40.9
Residents requiring restraints.	2	66.7	39.4	30.9
Confused or disoriented residents.	2	66.7	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	1	33.3	28.8	23.5

KANNAPOLIS, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DUPLIN GENERAL HOSPITAL SNF

Street Address: N MAIN ST BOX 278		**City and State:** KENANSVILLE, NC 28349	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	6	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	12	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	12	100	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	91.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	100	48.5	39.1
Completely bedfast residents.	1	8.3	3.6	3.2
Residents confined to chairs.	11	91.7	66.9	52.3
Residents requiring restraints.	11	91.7	49.9	40.4
Confused or disoriented residents.	12	100	64.8	58.6
Residents with bed sores.	5	41.7	9.1	7.6
Residents receiving special skin care.	12	100	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F134 F185 F206 F217 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF KENANSVILLE INC

Street Address: BEASLEY ST BOX 478		**City and State:** KENANSVILLE, NC 28349	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/01/89

Compliance Action:
If there has been any Federal/State compliance action complated against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	1	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	83.7	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	86	93.5	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	81	88.0	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	88.0	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	79.3	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	54.3	48.5	39.1
Completely bedfast residents.	0	0.0	3.6	3.2
Residents confined to chairs.	68	73.9	66.9	52.3
Residents requiring restraints.	72	78.3	49.9	40.4
Confused or disoriented residents.	86	93.5	64.8	58.6
Residents with bed sores.	5	5.4	9.1	7.6
Residents receiving special skin care.	90	97.8	39.3	31.4

KENANSVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F173* F199 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF KERNERSVILLE

Street Address: 738 PINEY GROVE RD		**City and State:** KERNERSVILLE, NC 27284	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	86.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	100	87.2	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	74.1	73.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	73.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	13.8	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	19	32.8	50.7	40.9
Residents requiring restraints.	20	34.5	39.4	30.9
Confused or disoriented residents.	34	58.6	57.5	55.4
Residents with bed sores.	5	8.6	5.3	4.8
Residents receiving special skin care.	5	8.6	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F170 F289 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKWOOD KNOLL NH

Street Address: 2680 HWY 66 S		**City and State:** KERNERSVILLE, NC 27284	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	93.5	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	29	93.5	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	25	80.6	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	71.0	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	71.0	66.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	71.0	36.5	30.4
Completely bedfast residents.	0	0.0	1.2	2.8
Residents confined to chairs.	10	32.3	50.7	40.9
Residents requiring restraints.	6	19.4	39.4	30.9
Confused or disoriented residents.	23	74.2	57.5	55.4
Residents with bed sores.	0	0.0	5.3	4.8
Residents receiving special skin care.	3	9.7	28.8	23.5

KERNERSVILLE, NC

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F135 F191* F289 F344 F346
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINGS MOUNTAIN CONVALESCENT CENTER

Street Address: 716 SIPES ST BOX 588		**City and State:** KINGS MOUNTAIN, NC 28086	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	2	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	96.0	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	114	91.9	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	100	80.6	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	94.4	77.5	69.4
Residents on individually written bowel and bladder retraining program.	5	4.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	63	50.8	48.5	39.1
Completely bedfast residents.	6	4.8	3.6	3.2
Residents confined to chairs.	70	56.5	66.9	52.3
Residents requiring restraints.	78	62.9	49.9	40.4
Confused or disoriented residents.	83	66.9	64.8	58.6
Residents with bed sores.	11	8.9	9.1	7.6
Residents receiving special skin care.	16	12.9	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F127* F128* F131* F134 F169
F173* F180

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINGS MOUNTAIN SKILLED NURSING CARE

Street Address: 706 W KING ST PO BOX 339		**City and State:** KINGS MOUNTAIN, NC 28086	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 10	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
8	1	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	87.5	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	8	100	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	8	100	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	50.0	48.5	39.1
Completely bedfast residents.	1	12.5	3.6	3.2
Residents confined to chairs.	3	37.5	66.9	52.3
Residents requiring restraints.	5	62.5	49.9	40.4
Confused or disoriented residents.	4	50.0	64.8	58.6
Residents with bed sores.	1	12.5	9.1	7.6
Residents receiving special skin care.	2	25.0	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F134 F174 F176 F179 F180 F181*
F234 F236 F237* F242* F261 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRITTHAVEN OF KINSTON

Street Address: 317 RHODES AVE		**City and State:** KINSTON, NC 28501	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	169	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	76.1	84.6	82.0
Dressing Residents requiring some or total assistance in dressing.	162	90.0	91.0	84.0
Toileting Residents requiring some or total assistance in toileting.	156	86.7	85.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	86.7	86.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	156	86.7	77.5	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	4.1	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	77	42.8	48.5	39.1
Completely bedfast residents.	18	10.0	3.6	3.2
Residents confined to chairs.	127	70.6	66.9	52.3
Residents requiring restraints.	60	33.3	49.9	40.4
Confused or disoriented residents.	57	31.7	64.8	58.6
Residents with bed sores.	18	10.0	9.1	7.6
Residents receiving special skin care.	48	26.7	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	49	20.9	2034	19.8

KINSTON, NC

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F170 F181* F206 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GUARDIAN CARE OF KINSTON

Street Address:
CUNNINGHAM RD BOX 1438

City and State:
KINSTON, NC 28501

Participation:
MEDICAID ICF

# of Beds:
114

Type of Ownership:
PROPRIETARY

Survey Date:
03/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	84.1	86.3	78.5
Dressing Residents requiring some or total assistance in dressing.	98	91.6	87.2	76.5
Toileting Residents requiring some or total assistance in toileting.	88	82.2	73.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	100	73.4	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	64.5	66.8	59.1
Residents on individually written bowel and bladder retraining program.	4	3.7	1.8	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	17.8	36.5	30.4
Completely bedfast residents.	2	1.9	1.2	2.8
Residents confined to chairs.	73	68.2	50.7	40.9
Residents requiring restraints.	34	31.8	39.4	30.9
Confused or disoriented residents.	69	64.5	57.5	55.4
Residents with bed sores.	5	4.7	5.3	4.8
Residents receiving special skin care.	16	15.0	28.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	1	2.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	2	4.5	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	5	11.4	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	8	18.2	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	6.8	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	5	11.4	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	3	6.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	8	18.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	6	13.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	5	11.4	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	31.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	5	11.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	3	6.8	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	1	2.3	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	2.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	1	2.3	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	1	2.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	12	27.3	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084
F126
F129*
F130
F132*
F133*
F170
F236
F288
F298
F318
F328
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LENOIR MEMORIAL HOSPITAL SNF

Street Address: 100 AIRPORT RD		**City and State:** KINSTON, NC 28501	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	84.6	82.0
Dressing				
Residents requiring some or total assistance in dressing.	16	100	91.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	15	93.8	85.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	86.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	75.0	77.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	68.8	48.5	39.1
Completely bedfast residents.	4	25.0	3.6	3.2
Residents confined to chairs.	1	6.3	66.9	52.3
Residents requiring restraints.	3	18.8	49.9	40.4
Confused or disoriented residents.	11	68.8	64.8	58.6
Residents with bed sores.	5	31.3	9.1	7.6
Residents receiving special skin care.	9	56.3	39.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.4	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	0	0.0	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	12	5.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	25	10.6	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	45	19.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	35	14.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	13.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	14	6.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	49	20.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	42	17.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	41	17.4	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	11.1	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	73	31.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	10	4.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	3.4	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	1.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	8	3.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	9	3.8	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	9	3.8	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	16.6	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.9	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	24	10.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	46	19.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

LONG TERM CARE SURVEY

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REP RT

PROVIDER NUMBER

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES	TITLES

APPENDIX

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci

A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administr
F. ☐ Social Worke
G. ☐ Qualifi tardation Professional

H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: Mo than d pline may be marked for surveyors qualified in multiple disciplines.

dicate al Number of Surveyors Onsite: ____________________

Form 19 (7-88)

(*CONTINUED ON REVERSE*)

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ________ F3 ☐ MEDICARE ________ F4 ☐ MEDICAID ________ F5 ☐ OTHER ________ F6 TOTAL RESIDENTS ________

CODE

BATHING

F7 ____ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ____ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ____ **TOTAL***

DRESSING

F10 ____ Number of residents totally dressed by another person.

F11 ____ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ____ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ____ **TOTAL***

TOILETING

F14 ____ Number of residents not toileted. (Use protective padding, catheter.)

F15 ____ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ____ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ____ **TOTAL***

TRANSFERRING

F18 ____ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ____ Number of residents needing assistance in transferring to toilet and tub only.

F20 ____ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ____ **TOTAL***

CODE

CONTINENCE

F22 ____ Number of residents with indwelling or external catheters.

F23 ____ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ____ Number of residents with urination and defecation entirely self-controlled.

F25 ____ **TOTAL***

FEEDING

F26 ____ Number of residents who receive enteral/parenteral feedings.

F27 ____ Number of residents who receive NG tube feedings.

F28 ____ Number of residents who require assistance in act of eating.

F29 ____ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ____ **TOTAL***

F31 ____ Number of completely bedfast residents.

F32 ____ Number of chairbound residents.

F33 ____ Number of ambulatory residents (may use cane, walker, or crutches).

F34 ____ Number of physically restrained residents (belt, vest, cuffs).

F35 ____ Number of residents receiving psychotropic drugs.

F36 ____ Number of confused or disoriented residents.

F37 ____ Number of residents with decubiti.

F38 ____ Number of residents on individually written bowel and bladder retraining program.

F39 ____ Number of residents receiving special skin care.

F40 ____ Number of residents receiving intravenous therapy and/or blood transfusion.

F41 ____ Number of residents requiring no assistance in ADLs.

F42 ____ Number of residents on self-administration of drugs.

F43 ____ Number of resident with contractures.

F44 ____ Number of residents receiving respiratory care.

F45 ____ Number of residents receiving tracheostomy care.

F46 ____ Number of residents receiving suctioning.

F47 ____ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).

F48 ____ Number of residents receiving injections.

F49 ____ Number of residents receiving colostomy care.

***MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY**

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment			▨	
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.			▨	
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.			▨	
F62	3. Each resident is given an opportunity to refuse treatment.			▨	
F63	4. Each resident gives informed, written consent before participating in experimental research.			▨	
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.			▨	
	C. Transfer and Discharge Each resident is transferred or discharged only for:			▨	
F65	1. Medical reasons.			▨	
F66	2. His/her welfare or that of other residents.			▨	
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.			▨	
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. Exercising Rights			▨	
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.			▨	
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.			▨	

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.			▨	
F136	11. Adequate resident care supplies are available for providing treatments.			▨	
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.			▨	
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. **Patient Care Management**				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	F. **The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Administration of Drugs**				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. **Conformance with Physician Drug Orders**				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate ________% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets__________				
F201	Number of Therapeutic Diets__________				
F202	Number of Mechanically Altered Diets __________				
F203	Number of Tube Feedings__________				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Preparation**				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. **Frequency**				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. **Staffing**				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. **Supervision**				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

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NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. **Nursing Unit**				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B.**Dining and Activities Area**				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
F320	I. **Maintenance of Building and Equipment** SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
F326	J. **Dietetic Service Area** SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL** ***(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	B. **Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	C. **Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. **Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. ________ ADMINISTRATOR

B. ________ NURSE

C. ________ DIETITIAN

D. ________ PHARMACIST

E. ________ RECORDS ADMINISTRATOR

F. ________ SOCIAL WORKER

G. ________ QUALIFIED MENTAL RETARDATION PROFESSIONAL

H. ________ LIFE SAFETY CODE SPECIALIST

I. ________ LABORATORIAN

J. ________ SANITARIAN

K. ________ THERAPIST

L. ________ PHYSICIAN

M. ________ PSYCHOLOGIST

N. ________ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

*U.S.GOVERNMENT PRINTING OFFICE:1990-258-767

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